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|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/736,100 12/13/2000 PAT 6,691,350  
 which claims benefit of 60/170,304 12/13/1999

O.K.R.S

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|  |          |         |        |             |
|--|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and<br>Acknowledged   | IN       | 2       | 27     | 4           |
| Examiner's Signature <i>Robert L. Sten</i><br>Initials R.G.S.  |          |         |        |             |

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## TITLE

Accessories for a patient support apparatus

|                                    |   |   |
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| FILING FEE<br><br>RECEIVED<br>1190 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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